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RUEHDR/AMEMBASSY DAR ES SALAAM 0032  
RUEHNE/AMEMBASSY NEW DELHI 0410  
RUEHOR/AMEMBASSY GABORONE 0032  
RUEHGE/AMEMBASSY GEORGETOWN 0018  
RUEHSB/AMEMBASSY HARARE 0015  
RUEHKM/AMEMBASSY KAMPALA 0029  
RUEHLGB/AMEMBASSY KIGALI 0042  
RUEHLG/AMEMBASSY LILONGWE 0006  
RUEHLS/AMEMBASSY LUSAKA 0024  
RUEHNR/AMEMBASSY NAIROBI 0042  
RUEHTO/AMEMBASSY MAPUTO 0024  
RUEHPF/AMEMBASSY PHNOM PENH 3744  
RUEHPU/AMEMBASSY PORT AU PRINCE 0025  
RUEHSA/AMEMBASSY PRETORIA 0068  
RUEHWD/AMEMBASSY WINDHOEK 0024  
RUEHPH/CDC ATLANTA GA  
RUEAUSA/DEPT OF HHS WASHINGTON DC  
RUEKJCS/SECDEF WASHINGTON DC

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SENSITIVE  
SIPDIS

AMEMBASSIES PASS TO PEPFAR COORDINATORS, ESTH, AND HEALTH ATTACHES  
STATE FOR OGAC (AMBASSADOR DYBUL AND JHOLLOWAY)  
HHS/OSSI/DSI PASS TO HHS/OGHA (WSTIEGER, LVALDEZ, CHICKEY,  
CMCCLEAN), NIH/FIC (RGLASS), SAMHSA (WCLARK/JSTEIN), AND FDA  
(MPLAISIER/BCOREY)  
USAID FOR ANE (CJENNINGS, MWARD) AND GH (KYAMASHITA, KHILL)  
BANGKOK FOR USAID/RDM/A (OCARDUNER, CBOWES)  
CDC FOR COGH (SBLOUT), CCID (MCOHEN), and GAP (DBIRX, RJSIMONDS)

E.O. 12958: N/A  
TAGS: [PGOV](#) [PROP](#) [SOCI](#) [TBIO](#) [EAID](#) [SNAR](#) [KHIV](#) [VM](#)  
SUBJECT: VIETNAM RETHINKS QUESTIONABLE REVISIONS TO LAW ON DRUG  
PREVENTION AND CONTROL

REF: A. Hanoi 406 B. Hanoi 1082 (2007) C. Hanoi 508

¶1. (SBU) Summary: Initial drafts of a revised Vietnamese Law on Drug Prevention and Control (LDPC) contained several elements of concern to Vietnam's international donors. In particular, the draft law would have: (a) mandated that injecting-drug users (IDU) be detained for five years; (b) contained inconsistencies with the HIV Law; and, (c) failed to balance the criminal enforcement of drug control with the health aspects of harm reduction (ref A). These changes created possible discrepancies with Vietnamese obligations under international agreements. Despite late notification, advocacy led by the United Nations, with participation from the United States and other donors, has caused the GVN to revisit these provisions. This experience demonstrates both the need for, Vietnam's openness to, and the effectiveness of international engagement with Vietnam. We will continue to engage our Vietnamese colleagues to improve this legislation. End Summary.

Internationals Unite to Provide Rapid Input  
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¶2. (SBU) In February 2008, we learned that the National Assembly (NA) had tasked the Ministry of Public Security (MPS) to chair a drafting committee to create a revised LDPC by a deadline of March ¶19. The NA reportedly requested quick action in order to authorize national application of the use of five-year administrative detentions into "06" centers before temporary permission for five-year detention expires in August 2008. To date, Ho Chi Minh City (HCMC) has made use of the temporary provision. The existing

LPDC provides for a two-year maximum in government-run IDU rehabilitation centers. Although the MPS committee invited the United Nations Office on Drugs and Crime (UNODC) to provide assistance, the timeline seemed to limit the opportunity to do so. The Ambassadors' Informal HIV Coordination Group reviewed the issue and quickly sent a letter on March 11 to Deputy Prime Minister Truong Vinh Trong, Chairman of the National Committee for AIDS, Drugs and Prostitution Prevention and Control, to advocate for critical modifications and to slow the process. The donors emphasized that "HIV harm reduction can only be successful with strong multi-sectoral and inter-ministerial collaboration, and drug treatment is a key element of this response."

#### Problems with Proposed Legislation

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¶3. (SBU) The U.S. PEPFAR team and its international partners contributed to the overall analysis of the law, concluding that portions of the draft law contradicted language in other Vietnamese statutes (e.g., Law on HIV Prevention and Control, No. 64/2006/QH11 and associated implementing decree, No. 108/2007ND-CP of 26 June 2007) and in regional and international conventions to which Vietnam is a party. Other language ran counter to mainstream usage for HIV and drug control policies around the world. For example, the new LPDC would require peer-outreach workers to report known drug use among HIV-infected clients. Moreover, we determined that the provision in the draft law to permit public security officers to use firearms against HIV-infected individuals if the officers felt "threatened with exposure," may conflict with international

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convention (e.g. with Principle 9 of the United Nations' Basic Principles on the Use of Force and Firearms by Law Enforcement Officials).

¶4. (SBU) Traditionally, the Government of Vietnam (GVN) has treated illicit drug use as a "social evil" with a focus on crime and trafficking prevention. Consequently, the draft LPDC addressed demand and supply reduction, but did not adequately address harm reduction and drug treatment. Although some elements of the MPS and the Ministry of Labor, Invalids and Social Affairs (MOLISA), which manages the relatively popular "06" centers, support the institution of five-year administrative detentions, the centers have not proven effective at prevention or rehabilitation. Instead, they may be vehicles for the spread of HIV among detainees. To avoid a growing HIV epidemic, Vietnam needs to balance the control of illicit drug activities with the reduction of drug-related harm (Ref B). Further, drafts lacked explicit support for community-based comprehensive prevention programs, including methadone-assisted therapy.

¶5. (SBU) Finally, the hurried nature of the process did not allow enough time for expert input and full consideration of possible impacts. Similar exercises previously undertaken within Vietnam and in other countries normally require eight to ten months. To ensure adequate time for discussion, technical assistance, and the achievement of consensus on these sensitive issues, the PEPFAR team and other international organizations recommended the draft LDPC be submitted for discussion in the October 2008 session of the National Assembly instead of the May session.

#### International Response and U.S. Advocacy

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¶6. (SBU) Ambassador Michalak, with support from the PEPFAR Team, spoke in favor of a coordinated donor and UN agency approach at the March 6, 2008 meeting of the Ambassadors Informal HIV Coordination Group. In follow-up the March 11 letter, which the group quickly sent to Deputy Prime Minister Trong, Ambassador Michalak reaffirmed U.S. concerns in an April 29 meeting with him. During his April visit to Vietnam, Secretary Leavitt raised HIV/AIDS legislation in discussions with Minister of Health Nguyen Hoc Trieu and Prime Minister Nguyen Tan Dung and advocated that the new law permit medication-assisted therapy in the context of overall national HIV efforts (Ref C). (Note: After three years of U.S. Government advocacy, on April 24, 2008 the first Vietnamese patients began

methadone maintenance therapy in Haiphong, through PEPFAR-supported clinics).

#### Success: The GVN Re-Thinks Some Provisions

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17. (SBU) Advocacy from the international community has led to some apparent successes. According to UNAIDS, these interventions, along with growing concern from several members of the NA, caused the GVN to eliminate the proposal to extend administrative detentions and to work towards harmonizing the draft legislation with international conventions (referring to the possible removal of the "open fire" clause for security officers due to human rights considerations).

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\* Missing Section 003 \*  
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